

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE 1 OF 11	
1. REQUEST NO. N00173-14-Q-0092	2. DATE ISSUED 1/13/14	3. REQUISITION/PURCHASE REQUEST NO. 56-9002-14	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING	
5a. ISSUED BY Supply Officer (Code 3410) NRL Washington DC 20375-5329			6. DELIVER BY (Date) 2/17/14		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
NAME Diltricia Montgomery		TELEPHONE NUMBER AREA CODE 202 NUMBER 767-0022		9. DESTINATION	
8. TO:			a. NAME OF CONSIGNEE Naval Research Laboratory		
a. NAME ALL QUOTERS		b. COMPANY		b. STREET ADDRESS 4555 Overlook Ave SW	
c. STREET ADDRESS			c. CITY Washington		
d. CITY		e. STATE	f. ZIP CODE	d. STATE DC	e. ZIP CODE 20375
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 1/17/14		IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.			
11. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
See attached continuation sheet					
12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS
					NUMBER PERCENTAGE
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.		13. NAME AND ADDRESS OF QUOTER		14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	
a. NAME OF QUOTER		b. STREET ADDRESS		15. DATE OF QUOTATION	
c. COUNTY		d. CITY		16. SIGNER	
e. STATE		f. ZIP CODE		a. NAME (Type or print)	
				b. TELEPHONE	
				AREA CODE	
				NUMBER	

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101		CONTINUATION SHEET		REF. NO. OF DOC. BEING CONT'D N00173-14-Q-0092		PAGE OF 2 11	
NAME OF OFFEROR CONTRACTOR ALL QUOTERS							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
0001	OPT-100 Optical Testing System Software and Computer See Attachment 1 Specifications If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number (202) 767-6678. Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of the RFQ.	1	ea				